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Doc Number: **0837749**

02/04/2014 11:38 AM

OFFICIAL RECORDS

Requested By  
JOHN M GALLAGHER

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 0214 Pg: 331



Deputy pk

APN: 1320-30-815-012

Grantee (surviving joint tenant):  
John M Gallagher

✓ When recorded return to:  
John Gallagher  
PO Box 974  
Minden NV 89423

THE UNDERSIGNED AFFIRMS THAT  
THIS DOCUMENT CONTAINS A  
SOCIAL SECURITY NUMBER DUE  
TO THE REQUIREMENTS OF NRS 440.380.

**AFFIDAVIT OF DEATH OF JOINT TENANT  
(NRS 111.365)**

STATE OF NEVADA )

COUNTY OF Douglas )

ss [REDACTED] 5599-A

I, John M Gallagher, being first duly sworn under penalty of perjury, depose and say:

1. That I am the (state relationship to deceased joint tenant) of (name of decedent), and his/her surviving joint tenant pursuant to an instrument recorded in the Official Records of Washington <sup>Douglas</sup> County, Nevada, on Dec 28 ~~Mar 26~~, 2013 ~~1996~~ as Document No. 382045, Book 0396, Page 404.

2. Juna E Gallagher died on Dec 28, 2013.  
A certified copy of his/her certificate of death is attached to this affidavit.

3. The real property owned by John & Juna Gallagher and me as joint tenants on the date of his/her death, consists of the following:

(insert legal description)

WITNESSETH my hand this 4 day of Feb, 2014

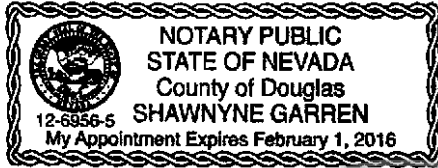
John Gallagher  
(type name of Affiant)  
John Gallagher

(JURAT)

Attached to Affidavit of Death of Joint Tenant, dated 2/4/14.

State of Nevada )  
  )  
County of Douglas )

Signed and sworn to before me this 4 day of Feb, 2014<sup>th</sup>, by  
John Milton Gallagher



Shawnyne Garren  
Notary Public

APN: 25-452-06

**GRANT, BARGAIN, SALE DEED**

THIS INDENTURE WITNESSETH: That JOHN M. GALLAGHER and JUNE E. GALLAGHER, husband and wife as Joint Tenants, hereinafter collectively referred to as GRANTOR, do hereby Grant, Bargain, Sell and Convey, without consideration, to JOHN M. GALLAGHER and JUNE E. GALLAGHER, Trustees, and their Successors, under The Gallagher Family Trust U/D/T 3-21-96, as community property, and to the assigns of such GRANTEE forever, all that real property situated in the County of Douglas, State of Nevada, commonly known as 1642 County Road, Minden, Nevada, and more particularly described as follows:

Lot 6, as shown on the map of GREENBELT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 8, 1976, as Document No. 86596.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness our hands this 21 day of March, 1996.

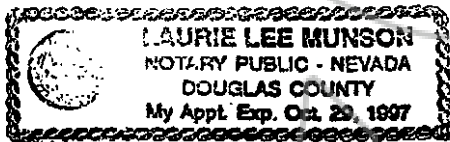
STATE OF NEVADA            )  
  : ss.  
County of Douglas         )

John M. Gallagher  
JOHN M. GALLAGHER

June E. Gallagher  
JUNE E. GALLAGHER

This instrument was acknowledged before me on the 21<sup>st</sup> day of March, 1996, by JOHN M. GALLAGHER and JUNE E. GALLAGHER.

Laurie Lee Munson  
Notary Public



WHEN RECORDED MAIL TO:

✓ SHEERIN, WALSH & KEELE  
1692 COUNTY ROAD  
MINDEN, NEVADA 89423

The grantor(s) declare(s):  
Documentary transfer tax is \$ # 8  
( ) computed on full value of property conveyed, or  
( ) computed on full value less value of liens and encumbrances remaining at time of sale.

REQUESTED BY  
Superior, Walsh + Keele  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

MAIL TAX STATEMENTS TO:  
JOHN AND JUNE GALLAGHER  
1642 COUNTY ROAD  
MINDEN, NEVADA 89423

96 MAR 26 AM 1:36

LINDA SLATER  
RECORDER  
\$7.00 PAID Jm DEPUTY

384045  
BK0396PG4104

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2013021610

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) June Emily GALLAGHER		2. DATE OF DEATH (Mo/Day/Year) December 28, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 07, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) John Milton GALLAGHER	
13. SOCIAL SECURITY NUMBER 5599		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Payroll Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Research	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1642 County Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Oscar JOHNSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Caroline E RINTELMAN		
18a. INFORMANT-NAME (Type or Print) John Milton GALLAGHER			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 974 Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 999 West Moana Lane Reno NV 89509	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) AARON FALK MD SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 01, 2014		21c. HOUR OF DEATH 06:44		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour):					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) AARON FALK MD, 1155 Mill St, Reno, NV 89502				23b. LICENSE NUMBER 14616	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Acute right middle cerebral infarction				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Embolic event				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC, SUICIDE, HOMIC, UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D No. CITY OR TOWN STATE	

STATE REGISTRAR

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BK 0214 PG 334 2/4/2014

VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/24/2014

R. White SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

